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## BIB DATA SHEET

CONFIRMATION NO. 7823

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/586,716	07/20/2006	<del>424</del> <span style="border: 1px solid black; padding: 2px;">351</span>	2873	1606.75589		
<b>APPLICANTS</b> Francois Lacombe, Chaville, FRANCE; David Lafaille, Meudon, FRANCE; Marie Glanc, Meudon, FRANCE; Eric Gendron, Meudon, FRANCE;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR05/00132 01/21/2005						
<b>** FOREIGN APPLICATIONS *****</b> FRANCE <del>4004582 01/22/2004</del> 0400582 01/22/2004						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/16/2008						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /JORDAN MARC Acknowledged SCHWARTZ/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 1 <span style="border: 1px solid black; padding: 2px;">2</span>
<b>ADDRESS</b> GREER, BURNS & CRAIN 300 S WACKER DR 25TH FLOOR CHICAGO, IL 60606 UNITED STATES						
<b>TITLE</b> High Resolution Lateral and Axial Tomography						
<b>FILING FEE RECEIVED</b> 1600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		